

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N16283

**1. Corporation Name**

Carriage Oaks Homeowners  
Association, Inc.

REINSTATEMENT 01-05

10/21/02 01089 001 \$236.25

05/17/01 91343 005 \$61.25

**2. Principal Office Address**

P.O. Box 71

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 71

Suite, Apt. #, etc.

**City & State**

Ocoee, FL

**Zip**

34761

**Country**

USA

**City & State**

Ocoee, FL

**Zip**

34761

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

592934929

**Applied For**

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Ray Charron

**Street Address (P.O. Box Number is Not Acceptable)**

1409 Carriage Oak Court

Suite, Apt. #, Etc.

**City**

Ocoee

**State**

FL

**Zip Code**

34761

200059785882

09/20/05 01040 007 \*\*18.75

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Raymond H Charron

REGISTERED AGENT MUST SIGN

Date 09-02-05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>Ray Charron</u>	<u>1409 Carriage Oak Ct.</u>	<u>Ocoee, FL 34761</u>
<u>Treasurer</u>	<u>Pat Cornell</u>	<u>1426 Carriage Oak Ct.</u>	<u>Ocoee, FL 34761</u>
<u>Secretary</u>	<u>Michelle Flanagan</u>	<u>1407 Carriage Oak Ct.</u>	<u>Ocoee, FL 34761</u>

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

Raymond H Charron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-822-3746

Daytime Phone #

CR2001 (01/05)